

SMITHSONIAN EARLY ENRICHMENT CENTER
PO Box 37012
NMNH Room CE-G50
Washington, DC 20013-7012

APPLICATION FOR ADMISSION
Child(ren) to be Enrolled

Date of Application: _____

Name of Child _____ Date of Birth: _____ Sex: _____

Parent's Name: _____ Home Telephone: _____

Home Address: _____

Business Building/Office: _____ Business Telephone: _____

Parent's Name: _____ Home Telephone: _____

Home Address: _____

Business Building/Office: _____ Business Telephone: _____

Person to be contacted in Emergency if parents unavailable:

Name _____ Telephone: _____

Name of Child's Physician _____

Special Disability, if any _____

Special Needs of Child _____

Allergies: _____

If parents are divorced, name of legally responsible adult: _____

Parent's Signature

Print Signature